Murrieta Valley Unified School District



Summary of PPO Plans					Meenmi _	RENEWAL ZUZJ
Effective Date	7/1/2025		7/1/2025		7/1/2025	
Carrier	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO HSA 1650 - \$15/40/80 Rx		PPO HSA 3000 - \$15/40/80 Rx		PPO MVP 5900 - \$19/50/75 Rx	
<u> </u>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Benefits	Out-of-Network Benefits
General Plan Information						
Annual Deductible/Individual	\$1.650 medical/prescription/MH-SA	\$1.650 medical/prescription/MH-SA	\$3,000 medical/prescription/MH-SA	\$3.000 medical/prescription/MH-SA	Φ= 000	044.000
	in/out of network combined	in/out of network combined	in/out of network combined	in/out of network combined	\$5,900	\$11,800
Annual Deductible/Family	\$3,300 medical/prescription/MH-SA in/out of network combined	\$3,300 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined	\$11,800	\$23,600
Coinsurance	90%	70%	90%	70%	100% after the deductible has been satisfied	50%
Office Visit/Exam	90%	70%	90%	70%	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	90%	70%	90%	70%	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000	\$4,000	\$9,000	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000	\$8,000	\$18,000	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimted	Unlimted	Unlimited	Unlimited	Unlimited	Unlimited
InPatient Hospital Services						
Inpatient Hospitalization	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Services						
Emergency Room	90%	90%	90%	90%	100%	100%
Mental Health Benefits						
Inpatient Care	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Outpatient Services	90% after the deductible has been satisfied	70%	90%	70%	\$35 copay/visit with deductible waived for the first 3 visits	50%
Substance Abuse/Alcohol Abuse						
Inpatient Hospitalization	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Inpatient Detoxification Services	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90% after the deductible has been satisfied	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% (subject to utilization review; waived for emergency admissions)	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Outpatient Services	90% after the deductible has been satisfied	70%	90%	70%	\$35 copay/visit with deductible waived for the first 3 visits	50%
Outpatient Detoxification Services	90% after the deductible has been satisfied	70%	90%	70%	\$35 copay/visit with deductible waived for the first 3 visits	50%

Murrieta Valley Unified School District

Keenan 2025

Summary of PPO Plans 7/1/2025 7/1/2025 7/1/2025 Effective Date Anthem Blue Cross Carrier **Anthem Blue Cross Anthem Blue Cross** Plan Name PPO HSA 1650 - \$15/40/80 Rx PPO HSA 3000 - \$15/40/80 Rx PPO MVP 5900 - \$19/50/75 Rx In-Network **Out-of-Network** In-Network Out-of-Network In-Network Benefits Out-of-Network Benefits **Prescription Drug Benefits** Prescription Drug Deductible \$1.650/\$3.300 \$1.650/\$3.300 \$3.000/\$6.000 \$3.000/\$6.000 medical/prescription/MH-SA in/out | medical/prescription/MH-SA in/out | medical/prescription/MH-SA in/out | medical/prescription/MH-SA in/out N/A N/A of network combined of network combined of network combined of network combined \$15 copay after deductible/Tier 1 50% + an additional \$15 fee \$15 copay after deductible/Tier 1 | 50% + an additional \$15 fee applies Generic \$19 copay/Tier 1 Pharmacy; \$19 copay 50% + an additional \$15 fee applies Pharmacy; \$15 copay + \$15/Tier 2 applies per prescription for a Tier 2 Pharmacy; \$15 copay + \$15/Tier 2 per prescription for a Tier 2 + \$15/Tier 2 Pharmacy provided by ESI per prescription for a Tier 2 Pharmacy; Pharmacy provided by ESI (see Pharmacy provided by ESI (see Pharmacy; provided by ESI (see Pharmacy; provided by ESI (see see www.express-scripts.com for a list provided by ESI (see www.expresswww.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list of pharmacies) scripts.com for a list of pharmacies) of pharmacies) of pharmacies) of pharmacies) of pharmacies) Brand (Formulary/Preferred) \$40 copay after deductible/Tier 1 50% + an additional \$15 fee \$40 copay after deductible/Tier 1 | 50% + an additional \$15 fee applies \$50 copay/Tier 1 Pharmacy; \$50 copay 50% + an additional \$15 fee applies Pharmacy: \$40 copay + \$15/Tier 2 applies per prescription for a Tier 2 Pharmacy; \$40 copay + \$15/Tier 2 per prescription for a Tier 2 \$15/Tier 2 Pharmacy provided by ESI per prescription for a Tier 2 Pharmacy: Pharmacy provided by ESI (see Pharmacv: provided by ESI (see Pharmacy provided by ESI (see Pharmacy: provided by ESI (see see www.express-scripts.com for a list provided by ESI (see www.expresswww.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list of pharmacies) scripts.com for a list of pharmacies) of pharmacies) of pharmacies) of pharmacies) of pharmacies) Brand (Non-Formulary/Non-preferred) \$80 copay after deductble/Tier 1 50% + an additional \$15 fee \$80 copay after deductible/Tier 1 50% + an additional \$15 fee applies \$75 copay/Tier 1 Pharmacy; \$75 copay 50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy: \$80 copay + \$15/Tier 2 applies per prescription for a Tier 2 Pharmacy; \$80 copay + \$15/Tier 2 - \$15/Tier 2 Pharmacy provided by ESI per prescription for a Tier 2 Pharmacy Pharmacy provided by ESI (see Pharmacy; provided by ESI (see Pharmacy provided by ESI (see Pharmacy; provided by ESI (see see www.express-scripts.com for a list provided by ESI (see www.expresswww.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list www.express-scripts.com for a list of pharmacies) scripts.com for a list of pharmacies) of pharmacies) of pharmacies) of pharmacies) of pharmacies) Number of Days Supply 30 days 30 days 30 days 30 days 30 days 30 days Mail Order Generic \$30 copay after deductible; \$30 copay after deductible; \$38 copay provided by Express Scripts Not covered Not covered Not covered provided by Express Scripts provided by Express Scripts \$80 copay after dedible; provided Brand (Formulary/Preferred) \$80 copay after deductible; \$100 copay provided by Express Not covered Not covered Not covered by Express Scripts provided by Express Scripts Scripts \$160 copay after deductible \$160 copay after deductible; \$150 copay provided by Express Brand (Non-Formulary/Non-preferred) Not covered Not covered Not covered provided by Express Scripts provided by Express Scripts Scripts Number of Days Supply for Mail Order 90 days Not covered 90 days Not covered 90 days Not covered Other Services and Supplies 90% limited to 24 visits/calendar 70% limited to 24 visits/calendar 90% limited to 24 visits/calendar 70% limited to 24 visits/calendar \$35 copay/visit with deductible waived Chiropractic Services year; phys/occ/chiro combined; year; phys/occ/chiro combined; year; phys/occ/chiro combined; year; phys/occ/chiro combined; for the first 3 visits: limited to 24 visits 50% limited to 24 visits/calendar year in/out of network combined in/out of network combined in/out of network combined in/out of network combined per calendar vear The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail. *Premiums below are based on an 8 hour / 100% Contract employee and Delta Dental PPO per month \$2,308.56 Medical Premium* \$2,100,60 Single **Employee & Spouse Delta Dental PPO** \$111.79 \$111.79 \$466.84 \$980.36 \$30.35 \$30.35 \$111.79 \$111.79 Vision \$6.75 \$6.75 \$30.35 \$30.35 Group Life -\$916.67 -\$916.67 \$6.75 \$6.75 **District Cap** Monthly Employee Cost \$1.540.78 \$1.332.82 -\$916.67 -\$916.67 \$0.00 \$212.58 Employee & Child(ren) Family \$840.31 \$1,377.17 \$111.79 \$111.79 \$30.35 \$30.35 \$6.75 \$6.75 CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not Keenan & Associates -\$916.67 -\$916.67 intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, CA License # 0451271 \$72.53 \$609.39

limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information

on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.

Page 2 of 2

4/28/2025